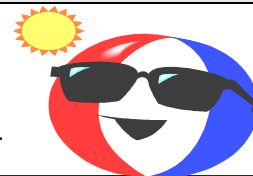


SHOT TALK



Back to School 2000

The immunization requirements for children and students attending Texas public and private schools, child-care facilities, and institutions of higher education state that all required immunizations should be completed by the time of enrollment in school. Although this is a state requirement, we find that many children entering schools are not properly immunized.

Since many types of personal immunization records are in use, any document *validated by a physician or health department* will be acceptable. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991.

On April 18, 1999, the Texas Board of Health approved additional immunization requirements. Hepatitis B vaccine for adolescents and Varicella and hepatitis A vaccine for all ages was approved contingent upon the appropriation of funds. By July 1 of each odd-numbered year, the Texas Board of Health will publish a statement on whether or not these vaccines have been funded and are required as specified.

All school requirements are based on the *Recommended Childhood Immunization Schedule – United States, 2000*, approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP). Children receiving immunizations

according to this schedule, or as recommended, should have received 5 doses of DTP/DTaP/DT vaccine, 4 doses Polio vaccine, 3 or more doses of Hib vaccine, 3 doses hepatitis B vaccine, 2 doses MMR, and 1 dose Varicella vaccine by the time they enter kindergarten.

In an effort to help students and parents comply with the state regulations for Texas schools, the San Antonio Metropolitan Health District in cooperation with radio stations KTSA/KTFM are providing immunizations free of charge at the 8th Annual Back-to-School Immunization Clinic held at Crossroads Mall on August 5, 2000, from 10am-6pm.

On August 12, the SAMHD, in cooperation with McDonalds and KVDA60 is sponsoring the Feria Escolar at the La Villita Assembly Hall where free immunizations and school supplies will be provided. The goal is to raise awareness about immunization issues and encourage members of our community to protect their children from deadly diseases by immunizing them on time. The success of these clinics can not be accomplished without the help of our community partners. As key voices in our neighborhood communities,

your contributions to this effort are greatly needed and appreciated. For more information on Back to School 2000 contact Pamela Williams at 207-2869.

National Immunization Conference

The 34th National Immunization Conference will be held July 5-8, 2000 in Washington, D.C. and will bring together a wide constituency of local, State, Federal, and private-sector immunization partners to explore science, policy, education, and planning issues as they relate to both immunization in general and vaccine preventable diseases. This year's theme is "Immunization: A History Of Achievement A Future of Promise".

The goal of the conferences is to provide information that will help participants 1) Provide comprehensive immunization coverage for all age groups; 2) Explore innovative strategies for developing programs, policies, and research to promote immunization for all ages today for a healthy tomorrow. For conference information call (404) 639-8225.

Immunize for Healthy Lives

INSIDE THIS ISSUE

<i>Back to School 2000</i>	<i>Page 1</i>	<i>Profile Updates</i>	<i>Page 3</i>
<i>National Conference</i>	<i>Page 1</i>	<i>Future Vaccine Orders</i>	<i>Page 3</i>
<i>Appreciation Breakfast</i>	<i>Page 2</i>	<i>Hepatitis C Training</i>	<i>Page 4</i>
<i>ACIP Recommendations</i>	<i>Page 2</i>	<i>VIS Use Explained</i>	<i>Page 4</i>
<i>Prevnar</i>	<i>Page 2</i>	<i>Most Current VISs</i>	<i>Page 4</i>
<i>Vaccine Research</i>	<i>Page 2</i>	<i>Tetanus Booster Time</i>	<i>Page 4</i>
<i>QA/AFIX Team</i>	<i>Page 3</i>	<i>Meningococcal on the Rise</i>	<i>Page 4</i>

Third Annual Appreciation Breakfast

The SAMHD celebrated National Infant Immunization Week (NIIW) with the Third Annual Vaccines for Children (VFC) Appreciation Breakfast on April 14, 2000. The event was held at the Municipal Auditorium. The speakers for the morning included: Dr. Jose Cordero, Deputy Director of the National Immunization Program, Mr. Robert Crider, Director Immunization Division, Texas Department of Health, Mr. Enrique Barrera, Mayor Pro Tem of San Antonio, Ms. Melissa Vossmer Bryne, Assistant City Manager, and Dr. Fernando A. Guerra, Director of Health, San Antonio Metropolitan Health District.

All VFC providers were invited to the breakfast and approximately 210 guests were in attendance. Thanks to all of our VFC providers who made time in their busy schedules to attend this special event. Special thanks go out to our sponsors for making the event possible: The Centers for Disease Control and Prevention, Texas Department of Health, MERCK and Co. Inc., San Antonio Convention Facilities, Wyeth-Lederle Vaccines, SmithKline Beecham Pharmaceuticals, and Adventis-Pasteur Connaught.

Summary Updated ACIP Recommendations

The 1997 recommendations of the Advisory Committee on Immunization Practices (ACIP) for poliomyelitis prevention have been updated. As of January 1, 2000, ACIP recommends exclusive use of inactivated poliovirus vaccine (IPV) for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at ages 2, 4, and 6-18 months and 4-6 years. Oral poliovirus vaccine (OPV) should be used only in certain circumstances.

Since 1979, the only indigenous cases of polio reported in the United States have been associated with the use of the live OPV. Until recently,

the benefits of OPV use outweighed the risk for vaccine-associated paralytic poliomyelitis (VAPP) (i.e., one case among 2.4 million vaccine doses distributed). In 1997, to decrease the risk for VAPP but maintain the benefits of OPV, ACIP recommended replacing the all-OPV schedule with a sequential schedule of IPV followed by OPV.

Since 1997, the global polio eradication initiative has progressed rapidly, and the likelihood of poliovirus importation into the United States has decreased substantially. In addition, the sequential schedule has been well accepted. No declines in childhood immunization coverage were observed, despite the need for additional injections. On the basis of these data, ACIP recommended on June 17, 1999, an all-IPV schedule for routine childhood polio vaccination in the United States to eliminate the risk for VAPP. ACIP reaffirms its support for the global polio eradication initiative and the use of OPV as the only vaccine recommended to eradicate polio from the remaining countries where polio is endemic.

Source: MMWR May 19, 2000, vol.49/no.rr-5

Prevnam

On February 17, 2000 the United States Food and Drug Administration (FDA) approved a new pneumococcal vaccine. This is the first vaccine to prevent invasive pneumococcal diseases in infants and toddlers -- diseases which can cause brain damage and, in rare cases, death. The vaccine prevents invasive diseases caused by the organism *Streptococcus pneumoniae* including bacteremia and meningitis, an infection of the lining of the brain or spinal cord.

The vaccine -- Pneumococcal 7-valent Conjugate Vaccine will be marketed as Prevnam by a unit of Wyeth-Ayerst Laboratories, a Division of American Home Products Corporation. Infants can receive the vaccine as a series of four immunizations administered at 2, 4, 6, and 12-15 months of age.

Shot Talk

Prevnam is not yet available through the Vaccines for Children Program. The ACIP must adopt a resolution for the inclusion of this vaccine in the VFC program and a federal contract must be negotiated. All VFC providers will be notified when Prevnam becomes part of the SAMHD VFC program. For more information about the vaccine contact Wyeth-Ayerst at www.prevnam.com or call 1-800-572-8221.

Vaccine Research

The SAMHD recently completed recruiting children to participate in a SmithKline Beecham HAVRIX™ Hepatitis A clinical vaccine study. This study, which began in December, will evaluate the immunogenicity of Hepatitis A when co-administered with routine childhood vaccines. Eligible clients for the Havrix™ Hepatitis A clinical vaccine study included children aged 11-13 months old, 15-18 months old or 23-25 months old. Children enrolled in this study were required to make four visits to the Downtown Immunization Clinic during a seven-month period. During this time, they will receive all childhood immunizations as well as two doses of Havrix™ Hepatitis A.

SAMHD is currently conducting a post licensure comparative study for Comvax™ with Merck & Co., Inc. Children eligible to participate must be in good health, 6-7 weeks of age, have not received a HIB vaccine or more than one dose of Hepatitis B vaccine. Children enrolled in this study will be evaluated by SAMHD over a four-month period and will receive their two-month and four-month immunizations upon completion of the study.

Participants enrolled in either study will receive all childhood vaccinations free of charge. Thanks go out to all providers who referred clients to participate in these studies. If you would like more information or have any patients interested in the Merck Comvax™ study contact Brenda Lemke at 207-6916.



Gaileen Martin, LVN, (center) and the Christus Santa Rosa WIC Staff receive award.

New QA/AFIX Team

The CASA team has experienced a great deal of change within the last month. They are now the Quality Assurance/Assessment, Feedback, Incentive, and eXchange Team, or QA/AFIX Team for short. At present the team has two new members, Keith Mason is the Health Program Supervisor for the team and comes to us from the Texas Department of Health in Austin where he was one of three AFIX Consultants for the state of Texas. Gloria Gomez, a ten-year veteran with the City of San Antonio comes to us from the SAMHD WIC program. She is one of two Administrative Aides with the team. Three more members should be on board by mid July.

The first order of business for the new QA/AFIX team was to present the Christus Santa Rosa WIC office with a plaque from the Texas Department of Health, Immunization Division. The WIC office was recognized for having a 4,3,1,3,3 (4 DTP, 3 POLIO, 1 MMR, 3 HIB, 3 Hep B) immunization coverage level over 90% for their two year olds. The coverage level was based on the AFIX assessment conducted in 1999. Congratulation to Christus Santa Rosa WIC for a job well done.

The QA/AFIX Team will be conducting VFC/AFIX site visits with the VFC providers in Bexar County. If you have any questions concerning

the new team or what AFIX is, please feel free to call us at 207-8142

More Physicians Join VFC

The VFC Program is growing! We would like to welcome our newest immunization partners: **University Health System Pediatric Inpatient Unit, and Meridian Medical Group**

Welcome Aboard!

If you have questions about joining the Vaccines for Children Program contact Vivian Flores at 207-2868.

Profile Updates

Thanks to all VFC providers for updating your Vaccines for Children (VFC) Provider Profile and Enrollment Form. Your profile is an essential tool used by the Vaccine Manager to project vaccine needs, inventory, and purchases for the coming year. The amount of vaccine delivered to you is determined annually by your updated profile.

Some profiles will be returned to providers for adjustment. Profiles are being returned when, the doses administered information and vaccines delivered 1999 fail to correspond with the 2000 profile submitted.

If you receive your profile for adjustment please review your profile, along with your vaccine delivery and dosage administered report. Both the vaccine delivery history and dosage administered report reflect only vaccine doses, not individuals. Your vaccine delivery will not be in jeopardy if you underestimate the number of patient to be immunized. Please refer to the 2000 Childhood Immunization Schedule for assistance.

Keep in mind, the profile reflects the number of children to be immunized and their VFC eligibility, not the total number of children seen each year in your practice. If available, you may find it helpful to confer with your medical billing people to determine the VFC

Shot Talk

eligibility categories for each age group. If you have questions you may contact Vivian Flores at 207-2868 or Jorge Reyes at 207-2862.

Future VFC Vaccine Orders

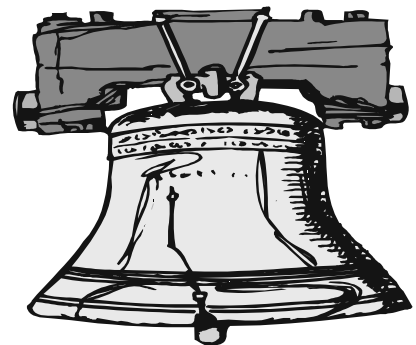
In order to accommodate federal funding constraints and continue providing the best possible service to our VFC providers, the Immunization Program has implemented a quarterly vaccine shipment policy. If you are a current VFC provider, you may have already been made aware of this change. This means that you will be receiving an approximate three months supply of vaccine based on the VFC Provider Profile, which is submitted by each VFC provider each year. The profile is based on the previous years ordering and usage patterns.

Although this may be an adjustment at first, it should help alleviate any sudden vaccine shortfalls that you may have experienced in the past. In addition, you should also be receiving enough vaccine labels for all the doses you receive in your order. The use of these labels on the consent forms is encouraged, as they are a laborsaving tool for you. They also enable the Immunization Program to more accurately track immunization histories and inventories. If you have any questions regarding vaccine orders you may contact Anthony Johnson at 921-1178.

City Holidays

Independence Day, July 4, 2000

Labor Day September 4, 2000



Hepatitis C Training Offered

Hepatitis C: What Clinicians and Other Health Professionals Need to Know is an interactive web-based training course designed by the Centers for Disease Control and Prevention, Hepatitis Branch, and the Division of Media and Training Services to guide health professionals as they face this major public health threat. The text is based upon the MMWR: Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV related chronic disease.

This course describes the natural history of hepatitis C virus (HCV) infection; risk factors for acquiring HCV infection; serologic and laboratory tests to diagnose and evaluate patients with HCV infection; treatment options for patients who have chronic hepatitis C; and the most effective methods to counsel patients who have HCV infection. The course is intended for primary care physicians, nurses, infectious disease specialists, blood bank staff, public health professionals and other health care professionals. Continuing education credits are available upon completion of study questions. Log on to www.cdc.gov/hepatitis and take advantage of this valuable training.

VIS Use Is Mandatory

Before a health care provider vaccinates a child or an adult with a dose of DTaP, DTP, Td, MMR, Varicella, polio, Hib, or hepatitis B vaccine, the provider is required by the National Childhood Vaccine Injury Act to provide a copy of the Vaccine Information Statement (VIS) to either the adult vaccinee or to the child's parent/legal guardian. The use of the VIS has been required since 1994.

VISs are also available for influenza, pneumococcal, and hepatitis A vaccines, and their use is recommended but not required by federal law. They are not required because these additional vaccines are not routinely recommended for children and therefore are not covered by the National Childhood Vaccine

Injury Act. State or local health departments or individual providers may place identifiers on the VISs but any other changes must be approved by the National Immunization Program, CDC.

What to do with VISs. Some of the legal requirements concerning the use of VISs are as follows:

1. Before a routine childhood vaccine is administered to anyone (this includes adults!) you must give the patient or the parent/guardian a copy of the most current VIS available for that vaccine. Make sure you give your patient time to read the VIS prior to the administration of the vaccine.
2. You must record in your patient's chart the date that the VIS was given. You must also record on the patient's chart the publication date of the VIS, a date which appears on the bottom of the VIS.

Most current versions of VISs. As of April 2000, the most recent versions of the VISs are as follows:

DTaP/DT/DTP	08/15/97
Td	06/10/94
polio	01/01/00
hepatitis A	08/25/98
pneumococcal	07/29/97
influenza	04/14/00
MMR	12/16/98
varicella	12/16/98
Hib	12/16/98
hepatitis B	12/16/98
Lyme disease	11/01/99
meningococcal	03/31/00

Source: *Immunization Action Coalition, May 23, 2000.*

Tetanus Booster Time

As summertime approaches, people tend to engage in more outdoor activities like tending their garden, making home improvements and frequenting the beach. The potential for skin punctures and cuts likewise increases. Now is an appropriate time to ensure that your patients' tetanus booster is current.

The Advisory Council on Immunization Practices recommends a tetanus booster every ten years. If it's been more than ten years since your patient's last tetanus shot, offer them a tetanus booster. It could save their life in the event of even a minor

Shot Talk

skin injury. For adolescents, a tetanus booster may be given at age 11 or 12 if at least five years have elapsed since their last DTP/DTaP.

Meningococcal on the Rise

Meningococcal-related cases have been receiving increasing attention during the last year especially among college students. The American College Health Association (ACHA) is urging colleges to notify students of the disease risk and to consider being vaccinated with meningococcal vaccine. College-aged students are at greater risk of contracting the disease because of the prevalence of risk factors associated with campus living. Such factors include intimate/household contact, dormitory living, cigarette smoking, bar patronage, and alcohol consumption. Providers should make every effort to encourage their college-bound patients to receive a meningococcal vaccination.

If your office does not offer the meningococcal vaccine, SAMHD has the vaccine available through its Foreign Travel Immunization Clinic, for a reasonable price. Patients can call 207-8872 to schedule an appointment. For more information contact Rita Salazar at 207-8877.

Immunization Program Contacts

Program Operations:	
Mark Ritter, MHA	207-8794
Public Health Advisor:	
Thomas Finke, MPA	207-2870
Clinical Operations/Foreign Travel:	
Lynn Seeman, RN	207-8804
Hepatitis Program/Surveillance/Rabies:	
Nancy Walea, RN	207-2087
VFC Coordinator:	
Vivian Flores	207-2868
Vaccine Ordering:	
Anthony Johnson	921-1178
Infant Action Plan/WIC Linkage:	
Pamela Williams	207-2869
Systems Analyst:	
Terry Boyd, MS	207-8792
Vaccine Study Coordinator:	
Brenda Lemke, MHA	207-2859

SAMHD: samhd.org

TDH: tdh.state.tx.us/

CDC: cc.gov/

Useful Web Addresses